

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
CONTROLLED SUBSTANCE HANDLER
(FACILITY)

DOPL-AP-032 REV 05/20/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and the level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and could result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a complete application, complete the following:

1. Submit the original letter from Experior showing a passing score on the Controlled Substances Law and General Law Examination for the person responsible for oversight of the controlled substances in the place of business.
2. Submit a \$90.00 non-refundable application-processing fee.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules Examination:** The person responsible for oversight of the controlled substances in the place of business for all applicants for a Utah Controlled Substance Handler (Facility) License must pass the Controlled Substances Law and General Law Examination. Contact Experior at the address and telephone number below to register and obtain fee information.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior that has been prepared to assist candidates taking law exams. In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov.

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ Division of Occupational & Professional Licensing Act Rules
 - ☐ Utah Controlled Substances Act
 - ☐ Utah Controlled Substance Act Rules
2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
 3. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
 4. **Controlled Substance License:** You must hold a Utah controlled substance handler license **and** a federal DEA registration to administer or possess a controlled substance in your practice in Utah.
 5. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.
 6. **License Renewal:** All controlled substance handler licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

7. **Updating Address Information:** It is a licensee responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
8. **Payments:** Make licensure fees payable to "DOPL."

9. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

11. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name that will appear on the license. This is normally the same name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list the name also, e.g., XYZ Corporation dba XYZ Service. If the applicant is not required to be registered with the Division of Corporations, use the name of the business or facility where the licensed activity is to be conducted. The physical location and mailing address is the actual location at which the licensed activity will be conducted and is the address where the Division will send all mail.

License/Certificate/Registration Applying For: Controlled Substance Handler - Facility

APPLICATION FOR:

_____ Ambulance Service

_____ Other (please specify) _____

BUSINESS LEGAL NAME: _____

PHYSICAL LOCATION AND MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

MEDICAL DIRECTOR OR RESPONSIBLE PERSON FOR LICENSING PURPOSES:

Name: _____

Profession: _____ Utah License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

EXAMINATION REQUIREMENT:

The person responsible for oversight of the controlled substances in the place of business is required to take and pass the Controlled Substances Law and General Exam prior to the business being licensed.

Controlled Substances Law and General Law Exam, Date(s) Taken: _____

AUTHORIZATION FOR CONTROLLED SUBSTANCES:

List ALL controlled substances for which authorization is requested. (Use additional sheets if necessary.)

TRAINING:

Describe the training each person will receive who is authorized to possess and administer the controlled substances. Identify initial training, periodic inservice training, subject matter covered, hours of training, and qualifications of persons providing the training. (Use additional sheets if necessary.)

DIVERSION SAFEGUARDS:

Describe the facilities, controls, records, and systems that will be or are in place to provide for accountability, safe and proper utilization, and prevention of diversion of the controlled substances. (Use additional sheets if necessary.)

DISCLOSURE OF HOW CONTROLLED SUBSTANCES WILL BE PURCHASED, STORED, USED, AND ACCOUNTED FOR: (Use additional sheets if necessary.)

CONTROLLED SUBSTANCE HANDLER (FACILITY) QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Is there any owner, officer, manager, or employee associated with or employed by the applicant who has not read or who does not understand the Utah Controlled Substances Act and the Utah Controlled Substance Act Rules?
3. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
4. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant, ever had any license denied, conditioned, curtailed, limited, restricted, suspended, or revoked by federal, state, or local government?
5. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against him by any professional licensing agency, hospital or other health care facility, medical staff, medical society, or criminal or administrative jurisdiction?
6. _____ Is any owner, officer, manager, or employee associated with or employed by the applicant currently under investigation or is any disciplinary action pending against him by any professional licensing agency or pharmacy licensing agency?
7. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against him by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

(Questions continue on following page.)

9. _____ Is any action related to the conduct or patient care of any owner, officer, manager, or employee associated with or employed by the applicant pending against him now at any hospital or health care facility?
10. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
11. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against him by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
12. _____ Is any action pending against any owner, officer, manager, or employee associated with or employed by the applicant now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
13. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration (DEA) or any state drug enforcement agency?
14. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to surrender his registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against him by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
15. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been convicted under any federal, state, or local laws relating to the distribution or manufacturing or prescription drugs, drug samples, controlled substances, or controlled substance precursors?
16. _____ Is any action pending against any owner, officer, manager, or employee associated with or employed by the applicant now by either the Federal Drug Enforcement Administration (DEA) or any state drug enforcement agency?
17. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been named as a defendant in a malpractice suit?

(Questions continue on following page.)

18. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
19. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
20. _____ If you are licensed in the occupation/profession for which you are applying, would any owner, officer, manager, or employee associated with or employed by the applicant pose a direct threat to himself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
21. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
22. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
23. _____ Is any owner, officer, manager, or employee associated with or employed by the applicant currently using or has any owner, officer, manager, or employee associated with or employed by the applicant recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
24. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which they have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which they have not otherwise been successfully rehabilitated?
25. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
26. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

(Questions continue on following page.)

27. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been arrested for or charged with a felony in any jurisdiction?
28. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
29. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
30. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
31. _____ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been incarcerated for any reason in any federal, state, or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to question 26, 27, 28, 29, 30, or 31 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____